

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

REMARKS, FILE

05 MAR 2007

FILING DATE

31 AUG 2006

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3			/			
4		0	/			
5		0	/			
6		0	/			
7		0	/			
8		0	/			
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10		0	/			
11		0	/			
12		0	/			
13		0	/			
14		0	/			
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16		0	/			
17	/		/			
18	/		/			
19		1	/			
20		2	/			
21		2	/			
22		0	/			
23		2	/			
24		2	/			
25		2	/			
26		0	/			
27	/		/			
28		1	/			
29		1	/			
30	/		/			
31		0	/			
32	/		/			
33	/		/	0		
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TOTAL IND.	13	7				
TOTAL DEP.	30	13				
TOTAL CLAIMS	43	20				

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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